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AUTHOR Krupar, Karen R.; Smith, N. Richmond
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ABSTRACT

Designed as the first phase of a larger project to explore the relationships between the possible impact of reminiscence on memory deterioration in elderly women confined to nursing home environments, a study demonstrated that reminiscence activity is positively correlated with increases in communication interactions. Women were chosen as the target sample population because they comprise the largest single grouping currently residing in nursing home facilities. The methodology chosen was a one-to-one reminiscence activity between the elderly subject and a trained facilitator who had 12 years of experience as an activities director in several large nursing homes. Participants (n=12) met with a trained facilitator on three occasions over a 5-week period. Session one encouraged discussion of a favorite vacation or travel experience; session two encouraged discussion of a favorite pet or experience with animals; session three encouraged discussion of favorite dances, parties or other kinds of entertainment. In general, there was an overall increase in the amount, frequency, and length of interactions both initiated and maintained by the subjects in the study. All subjects demonstrated an increase in their willingness to interact with each other, staff members, volunteers, and relatives. For example, five of the subjects were slower to initiate interaction; they represented the most cognitively impaired, two being in the beginning stages of Alzheimer's disease. In two other cases, the increase in social activity was remarkable. Previously unwilling to leave their rooms, they eagerly sought out others and insisted on participating in programmed activities. (Contains 38 references.) (TB)

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REMINISCENCE ACTIVITY AND INCREASED COMMUNICATION INTERACTION AMONG COGNITIVELY DISABLED ELDERLY WOMEN

A Paper Presented to
the Commission on Communication and Aging
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Karen R. Krupar, Ph.D.
and
N. Richmond Smith
MSCD

Abstract: This ethnographic study examines the correlation between exposure to specific reminiscing techniques and the increases in communication interaction among cognitively impaired elderly women.

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Reminiscence or the "reliving of the past experiences" Nussbaum, (1987) has occupied the attention of generations of researchers of old age behaviors. Frequently viewed as evidence of intellectual deterioration (Kaminsky, 1984), associated with loss of short term memory function (Sherman and Havighurst, 1970), escape from present realities (Lieberman and Flak, 1971), and evidence of disengagement (Cumming and Henry, 1961), reminiscence has been condemned as "the monotonic trend of those who are unable to accept their past and will become seriously agitated, depressed, or suicidal" (Butler, 1968; Gerfo, 1981).

A growing cadre of researchers, however, associate reminiscence with "good judgment, ego integrity, or stability of self concept" (McMahan, 1967, 1980; London, 1984; Lowenthal and Marrazzo, 1990). Several of these researchers even have tested the therapeutic effects of reminiscing and life review and found these modalities increase life satisfaction (Haight and Bahr, 1984), improve self esteem (Lappe, 1987), and decrease depression (Parsons, 1986).

Research also has been conducted linking reminiscence with various aspects of memory performance (Dobbs and Rule, 1987; Bayles and Kasniak, 1987; Greenberg and Powers, 1987; Hultsch and Dixon, 1984, 1990; Johansson, 1985; Kausler, 1982; Light, 1991; and Poon, 1985). Despite the proliferation of such research, little to no research has been conducted in our field linking reminiscence and memory

functioning of specified populations of the elderly, especially elderly women. The purpose of this paper is to examine the impact of reminiscing on the observable behavior of women who have evidenced a medically recorded decline in their memory performance/function. The research questions are: Does reminiscence stimulate memory and cognitive function in memory deficient elderly women? Does this memory functioning produce increases in positive behaviors toward self and others in subsequent interpersonal interaction? The first phase of this study explores the relationship between reminiscing and increases in interaction among cognitively impaired women. It is hypothesized that there is a positive correlation between increased experiences with memory exercises (reminiscence) and increases in quantity and length of interactions.

Definition of Terms

This research represents the first phase of a more extensive effort to explore the relationships between the possible impact of reminiscence on memory deterioration in elderly women confined to nursing home environments. In this study, reminiscence is conceptualized as "the act or habit of thinking about or relating past experiences, especially those considered personally most significant" (McMahan and Rhudick, 1967, 1980). Coleman describes several types of reminiscence including positive reminiscing, simple reminiscing, informative reminiscing and life review

(Coleman, 1986). The goals of each of these types of reminiscing are different but compatible according to Coleman. The goals of positive reminiscing are for the participant to "recall past accomplishments and good feelings" (Coleman, 1986). Sometimes called, "milestone reminiscing," (Perrotta and Meacham, 1982), this is an effective tool that prompts "positive feelings during guided discussion through use of multi-sensory imagery to stimulate memories and increase communication" (Lowenthal and Marrazo, 1990). When used by the facilitator, the facilitator also shares positive memories about particular topics.

The goals of simple reminiscing are "reporting in an uninvolved and non evaluative manner about past events" (Coleman, 1986). The goals of informative reminiscing are the "recalling of broad general and impersonal information of past events in order to encourage participants to communicate about those past events" (Kovach, 1990). The goals of life review are to provide a narrative about revived experiences particularly those unresolved conflicts. "These revived experiences and conflicts can be surveyed and reintegrated" (Butler, 1974). For the purposes of this study, positive, informative, and simple reminiscing were used. These three types should not be considered a different treatment intervention but rather as adjustments made in order to work more effectively with a particular participant analogous to the adjustments occurring in

psycho-therapy when a single approach is used with different clients.

SAMPLE

Women were chosen as the target sample population because they comprise the largest single grouping currently residing in nursing home facilities (Fahs, 1991). In 1981, four to five million elderly were functionally dependent (Ott, 1993). Today many of the elderly (older than 65 years) require some form of living assistance. Many of these need assistance in walking or are chairbound or even bedfast (Ott, 1993). A typical nursing home resident is female and either widowed, divorced or never married (Ledbetter-Hancock, 1987). "A quick glance at the nursing home confirms that female residents are in the majority" (Ott, 1993). Zastrow and Kirst-Ashman write that "many of these residents are isolated, depressed, withdrawn, unsociable, ignored, bored, or simply suffering from emptiness" (Zastrow and Kirst-Ashman, 1988). Many are moderately to severely limited by both their physical and mental conditions (Ott, 1983). It seems appropriate given the current Federal Regulations of Nursing Homes making therapeutic and maintenance health care plans mandatory that these residents be provided with opportunities to improve their mental, emotional, and physical well-being. At issue here is whether reminiscence actually alters or improves mental, psychological, or emotional/behavior states in the elderly.

The research is contradictory and confusing. Brennan and Steinberg found that satisfaction with the past was significantly and negatively correlated with quantity of reminiscence (Brennan and Steinberg, 1984). Hyland and Ackerman found that the majority of their subjects rated their reminiscence activity as pleasant. However, there was a significant relationship between frequency of reminiscence and negative effect (Hyland and Ackerman, 1988). Havighurst and Glasser found that positive affect of reminiscence was significantly correlated with positive self concept (Havighurst and Glasser, 1972). Several empirical studies have supported the idea that reminiscing about positive past experiences may serve to maintain positive mood states or improve mood (Haight, 1988; Brennan and Steinberg, 1984). Data suggests that reminiscence may not be conducted simply to "accept their past life as it was" (Revere and Tobin, 1980). Goldwasser, using reminiscence group therapy intervention with demented nursing home residents did not find increases in cognitive or behavioral control functioning for residents receiving reminiscing (Goldwasser, 1987). Berghorn and Schafer's study of 185 nursing home residents participating in reminiscence found that mental adaptability and behavior change was impacted by the reminiscence intervention. "Individuals who are not adaptive and who hold to values not supported by the social structure of the nursing home are most likely to be

positively influenced by a reminiscence group intervention" (Berghorn and Schafer, 1987). In light of all this contradictory and often inclusive research on reminiscence, further studies on the impact of reminiscence should be undertaken. For the purposes of this study a sample of twelve elderly women between the ages of sixty-five and one hundred were selected for participation in the research at the Western Hills Full Care Facility in Denver, Colorado. All participants agreed to participate. All twelve women were identified/diagnosed with varying degrees of memory impairment. Three were defined as in the early stages of dementia. Nine were described as memory deficient/disabled (unable to perform prose recall and episodic memory tasks, memory processing, or cognitive restructuring (Lachman, et al, 1992). Eight of the same were described by the nursing home staff physician as "depressed." One of the selected sample rarely spoke. All twelve residents in the sample were white. Range of ages was 59 to 93. The average age was seventy-nine.

PROCEDURES

One of the features of the previous research on reminiscence is that primarily group reminiscence activities were used (Molinari and Reichlin, 1984-85). The proposed ethnographic research used one-to-one reminiscence activity between the elderly subject and a trained facilitator who had twelve years of experience as an activities director in several

large nursing home facilities in the Denver area. Individual participants in the study met with a trained facilitator on three occasions spread over a five week period. The sessions lasted thirty to thirty-five minutes during which each participant on a one-to-one basis with the facilitator/interviewer reminisced. The basic principles of reminiscing intervention, i.e., Perrotta and Meacham model (Perrotta and Meacham, 1982) were used. The following represents the sessions and topics that were used to stimulate the reminiscence process.

Sample Session #1:

In session #1, a child's toy train, airplane, and a picture of the Golden Gate Bridge were shown to the resident. The goals of this session were to encourage verbal discussion of a favorite vacation or travel experience.

Sample Session #2:

In session #2, a series of three stuffed animals were brought to this session and given to the elderly participants in the study. The goal of this session was to stimulate discussion of a favorite pet or experience with animals that the resident had in the past.

Sample Session #3:

This session provided a variety of swatches of material which were used to generate reminiscing

of dances, parties or other kinds of entertainment experiences.

All sessions were tape recorded for accuracy. All sessions were transcribed onto the computer and the tapes destroyed per the agreement with the nursing home administration and the participants and their guardians.

After the sessions, all of the participants in the study were observed for four hours at various times during a two week period following the reminiscence sessions. First general impressions of the participants' communication behavior was observed and recorded as an "impressionistic scanning" of overall interaction much in the manner of Werner and Schoepfle (1987). A more focused set of observations were recorded by two trained observers based on a recording device which consisted of twenty observation targets raised by the following kinds of questions: Was there an increase in interactions by the participant when in a social situation with other elders, family, or staff? What kinds of interactions, if any, was the elder exhibiting, i.e., process statements about feelings, questions about the interpersonal relations of the group members, etc? Did the elder's perceived role reflect a need for specific activity or behavior such as information seeking or giving, that would require unimpaired memory functioning?

The observations instrument was pre-tested by the Activities

Director and Associate Director using the instrument on three other occasions with two groups of elders in a "discussion" session (an activity that is held once a week with selected groups of ten elders). Appropriate changes in the instrument were made prior to the actual observations of the test subjects. Participants were deliberately put in their normal environment in the nursing facility where they tended to socialize so that the overt observations would be made under as "realistic" conditions as possible. Summaries of the observations of the two trained research staff were recorded and evaluated for consistency. The results appear below.

Results

Overall Impression. In general, there was an overall increase in the amount, frequency, and length of interactions both initiated and maintained by the subjects in the study. All subjects demonstrated an increase in their willingness to interact with each other, staff members, the Activities Director, volunteers, and relatives. Five of the subjects were slower to initiate interaction; their hesitation focused on their uncertainty of being able to remember how to maintain a conversation given their cognitive impairments. In this case, all five represented the most cognitively impaired individuals in the study with two demonstrating the beginning stages of Alzheimer's Disease. Despite the "slower" beginning of these five

subjects, all the subjects evidenced more enthusiasm for participating in events in the nursing home facility. On the average, these subjects engaged in verbal interaction, 68% more than had been evidenced before the reminiscing sessions. In two cases, the increase in effort on the part of the subjects to participate was quite remarkable. Whereas these two residents of the facility had not only refused to talk to staff or leave their rooms, they eagerly sought out others with whom to talk and made considerable "fuss" until they were included in the day's programmed activities. This did not occur immediately. But by the third observation, their participation in the activities in the facility and their efforts to seek others out in a more casual manner was noted by the observers and commented on by the Activities Director and her assistant. In addition, eight of the subjects not only initiated conversations/interactions with others but managed to maintain conversations in two to four person settings without prompting. A dramatic change in behavior was evidenced in subject 3 who had refused to leave her room to eat. Her activity level participation increased by 24 during the observational visits. She began taking her meals in the dining room, behavior that had not been present before the reminiscence episodes. She both initiated and maintained communication interaction during her mealtimes and during group activities sponsored by the facility. At

least two subjects with moderate to beginning stages of Alzheimer's Disease managed, after a very slow beginning, an increase in interactions with other residents to tentatively and gradually increase their communication activities with others. For one of these two subjects, Subject #7, her attempts to initiate communication were often blocked by other residents who interrupted her or otherwise disconfirmed her efforts at interaction. This did not deter her attempts to respond to others' initiation of conversations. The other subject, Subject #6, increased her interactions by the fourth observational visit but responded only when spoken to directly by another individual who was present. She rarely initiated the communication herself. Considering all the residents observed, everyone increased both her interactions with others in both groups and in one-to-one conversations. All subjects actively sought out opportunities to converse with others by increasing their participation in planned programs sponsored by the staff at the facility. All subjects increased their response rates to others' initiated interaction by the fourth observation. A significant portion of those subjects observed also increased their initiated communication attempts and demonstrated their ability to maintain a conversation despite varying degrees of memory impairment. Even the subjects with diagnosed beginning stages of Alzheimer's Disease managed to seek opportunities to interact with

others and increased their numbers of response interactions by the fourth observation visit.

Specific Descriptions of Residents' Interactions. Subjects # 1, 2, 3, 8, and 11 showed remarkable increases in the numbers of interactions (up from 0 to 2 at the beginning of the sessions to between 16 and 24 during the fourth observation). These women rarely left their rooms to participate in activities. Their only interaction with others was with staff occasionally and infrequently with relatives. The facility staff (nurses, attendants, Activities Director, and volunteers) recorded very little conversational interactions with these subjects. They simple did not talk to other people. During the first reminiscing activities, these subjects reluctantly talked with the research staffer. By the second reminiscing episode, four of the subjects were not only offering information but only reluctantly stopped talking when the hour and a half was over. By the second reminiscing episode, the fifth subject was finally initiating information and even maintaining the conversation on her own without prompting from the research staffer. During the observations of these five subjects, #1, 2, 3, and 8 were observed actively involved in interaction with other residents, staff, and personnel at the facility. These four ate their meals in the dining room for the first time; they joined group activities increasing their participation on an

average of seventy-five percent. In one case, Subject 2, even began trying to control all the conversations in which she was involved by interrupting others with remarks or comments,. Subject 11, while increasing both her interactions with others significantly, did not initiate interaction even by the fourth observational visit, but increased her responses to others' initiated conversation by fifty percent.

Resident 5, an 83 year old woman, who was fairly alert with diagnosed mild confusion and wheelchair bound. Although talkative during the reminiscence episode, she rarely attended any of the programmed activities. She did not interact with other residents or staff. After the reminiscence episodes, she increased her numbers of interactions with staff. By the second observational visit, she was observed participating in the "hallway" gossip sessions for the first time since coming to the facility. Her interactions increased as well as the length of time of interacting. She was observed seeking out other residents and she increased her participating in planned activities to 22 for the month compared to two prior to the reminiscence episodes.

Resident 6 was an 80 year old widow who was wheelchair bound and who had been diagnosed with high moderate confusion. Prior to the reminiscence sessions, she did not attend any activities and her interactions were limited to those

experienced during meal times with her table mates. During the first sessions, she exhibited confusion (i.e., forgot who she was; forgot why the research staffer was present; and forgot her room number). However, she did begin to respond during the middle of the third session. She began to recall information that she thought she had forgotten. She was delighted with herself. Her level of interactions increased slowly. She did not initiate interaction but began to respond when she was spoken to directly. In observed, one-to-one sessions, she even occasionally initiated the interaction.

Resident 7 was an 83 year old ambulatory woman who had been clinically diagnosed as in the very early stages of Alzheimer's Disease. She had moments when she became verbally abusive to others. She kept in her room and rarely interacted with any of the staff and never with other residents. She did not participate in any planned activities. During the first two reminiscence sessions, she was not responsive. However, by the third session, she began to respond. When she became confused, it was difficult to bring her back to reality. By the end of the third reminiscence episode, she was easier to get focused again. She began to slowly increase her interactions with others. There was no improvement noted during the first observational period. However, there was a gradual increase in numbers of interaction (from 0 to 4) on each subsequent

visit. Her activity attendance increased slowly. There was no notable increase during the first observational visit. But by visits two through four, she had increased her involvement in planned activities by four during that month of observations. Her increased attempts to interact were frequently blocked or disconfirmed by other residents. This did not seem to deter her from her attempts to communicate with others.

Resident 10 was an 88 year old widow who was wheelchair bound and diagnosed with moderate dementia. She did not participate in any activities planned by the facility. She did not leave her room even for meals. During the first visit, she was very uncommunicative. Persistence on the part of the research staffer was rewarded by a significant increase in subsequent sessions with this subject. Her interactions increased dramatically (120%). Her activity attendance also increased significantly (150%). She had increased her attendance to six activities per month and had signed up for several more during the next month. She only spoke when directly addressed by others. She did not volunteer information or address others with questions or in any way stimulate conversation.

Resident 12 was an 81 year old widow with moderate confusion. She was wheelchair bound and had limited involvement in activities and little to no interaction with others prior to the reminiscence sessions. During the first

session, she did not respond except to nod or answer in monosyllables. During the subsequent two sessions, she became more talkative. Her contacts prior to the first visits were sparse. She exhibited some memory confusion, mixing dates, names, and places consistently. There was an increase in her efforts to seek out others with whom to interact. This was demonstrated during the observational visits when she showed an increase of four interactions per visit for a total of twelve interactions that were both longer in length and were self initiated by the subject. Her activity attendance also increased 50% although none were noted during the first observational visit.

Finally, Subjects 4 and 9, who were seventy-nine and eighty-nine respectively, died before the observation period began. Both women had moderate dementia and were wheelchair bound. Neither of these women participated in the planned activities at the facility. Only Subject 9 ate her meals in the dining room. She was pleasant with which to converse but was frequently ill and had formed very few attachments among the residents, staff, or volunteers. She often discussed her plans to participate in various activities when she got well. Subject 4 would not speak with anyone other than the Activities Director. She reluctantly began to interact with the research staffer by the third reminiscence episode. She died unexpectedly before the observational sessions began.

CONCLUSIONS

Designed as a first phase in a larger project investigating the need for and results of specific types of reminiscing techniques on elderly women with some degree of cognitive impairment, this study demonstrated that reminiscence activity is positively correlated with increases in communication interactions. As residents of the nursing facility experienced increased opportunities for reminiscing about their past activities, they sought opportunities to naturally interact with other residents, staff, and volunteers. These increases in interaction were matched by observed increases in the length of maintained conversation/interaction and more attempts to initiate the communication with others. Further research is required to identify which specific variables may be responsible for the rapid rise in observable communication between the subject residents and others in the nursing home. In addition, a larger sample size of subjects is needed to draw more definitive conclusions about the impact that such reminiscing techniques might have on improving the quality of life for those residents confined to life care facilities.

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